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| Description of Equipment:Enter description |
| Located in Building:Pick building  | Room Number:Enter room number |

This form is intended to be filled in on a PC before printing and displayed on lab door or near equipment.

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| **Emergency Contacts:**Security staff will phone if they have any concern and phone number must be available out of hours. |
| Name:Your name | Name:Name of second contact |
| Mobile:Enter phone number | Mobile:Enter phone number |

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| **Dates On Which The Equipment Is To Be Left Running:** |
| Start Date:Pick start date | Final Date:Pick final date |
| C:\Users\oums0825\Downloads\exclam (1).tifSpecial Hazards and Precautions: (i.e. risk of voltage, hot surfaces, hazardous materials etc.)Enter description |

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| **How to Switch Off** In the event of an emergency Security Staff may need to turn off the equipment. |
|  | Tick if applicable | Specify sequence if required | **Where:** |
| **Electricity or Power Supply** |[ ]  e.g. 1 | Enter where and how to turn off |
| **Gas Supply (incl. gas cylinder)****Gas:** Specify type of gas |[ ]  e.g. 2 | Enter where and how to turn off |
| **Water or Chiller** |[ ]  e.g. 3 | Enter where and how to turn off |
| **Vacuum pump(s)** |[ ]  e.g. 4 | Enter where and how to turn off |
| Other servicesClick here to specifyClick here to specify | [ ] [ ]  | e.g. 5e.g. 6 | Enter where and how to turn offEnter where and how to turn off |

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| Approved by Supervisor:Name of Supervisor | Signature: | Date:Click to pick a date |